

Supplemental Application Data Sheet

Application Information

Application number: 10/549,610
Filing Date: 6/28/2006
Application Type: Regular
Subject Matter: Utility
Suggested classification: n.a.
Suggested Group Art Unit: 3633
CD-ROM or CD-R?: None
Number of CD disks: 0
Number of copies of CDs: 0
Sequence submission?: None
Computer Readable Form (CRF)?: No
Number of copies of CRF: 0
Title: SYSTEM FOR BUILDING WITH GLASS BLOCKS
Attorney Docket Number: 06117.0007.PCUS00
Request for Early Publication?: No
Request for Non-Publication?: No
Suggested Drawing Figure: n.a.
Total Drawing Sheets: 0
Small Entity?: Yes
Latin name: n.a.
Variety denomination name: n.a.
Petition included?: No
Petition Type: n.a.
Licensed US Govt. Agency: n.a.
Contract or Grant Numbers: n.a.
Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type: Inventor
Primary Citizenship Country: NO
Status: Full Capacity

Given Name: Bjorn
Middle Name: Oddvar
Family Name: BORRESSEN
Name Suffix:

City of Residence: GAMLE FREDRIKSTAD
State or Province of Residence:
Country of Residence: NO

Street of mailing address: Naddetorpveien 107

City of mailing address: GAMLE FREDRIKSTAD
State or Province of mailing address:
Country of mailing address: NO
Postal or Zip Code of mailing address: 1636

Applicant Authority Type: Inventor
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Primary Citizenship Country: NO
Status: Full Capacity

Given Name: Jon
Middle Name: Cato
Family Name: OLSEN
Name Suffix:

City of Residence: FREDRIKSTAD
State or Province of Residence:
Country of Residence: NO

Street of mailing address: Haakonsgate 7

City of mailing address: FREDRIKSTAD
State or Province of mailing address:
Country of mailing address: NO
Postal or Zip Code of mailing address: 1607

Applicant Authority Type: Inventor

Primary Citizenship Country: NO
Status: Full Capacity

Given Name: Lukas
Middle Name:
Family Name: ZYZNOWSKI
Name Suffix:

City of Residence: KUNGALV
State or Province of Residence:
Country of Residence: NO

Street of mailing address: Bultgatan 22

City of mailing address: KUNGALV
State or Province of mailing address:
Country of mailing address: NO
Postal or Zip Code of mailing address: 442 40

Correspondence Information

Correspondence Customer Number: 32894

Representative Information

Representative Customer Number: 32894

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
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Foreign Priority Information

Country:	Application number:	Filing Date:	Priority Claimed:
WO	PCT/EP2004/002984	03/19/2004	YES
GB	0306423.5	03/20/2003	YES

Assignee Information

Assignee name: Proffer Glass Engros AS

Street or mailing address: Spinneriveien 9

City of mailing address: GAMLE FREDRIKSTAD

State or Province of mailing address:

Country of mailing address: NO

Postal or Zip Code of mailing address: 1607

Signature: /c j haitjema/

**A signature of the applicant or representative is required in accordance with
37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.**

Signature Date: 6 August 2010

**Coraline J. Haitjema
Reg. no. 63,192**